

# NORTHWESTERN ALLIANCE, INC

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## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, with address at:

\_\_\_\_\_ hereby authorize NORTHWESTERN ALLIANCE, INC to release the following information: All records, files, reports and information of any kind related to me or to any matter involving me.

The purpose of the permitted disclosure is:

Provision of the translation services, sending translated documents to your legal representative that you might have.

This authorization expires within 5 years, or whenever NORTHWESTERN ALLIANCE, INC is no longer providing me with services.

I understand that my records are protected under the Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

By my signature below, I am giving my consent to release of information for the purposes indicated above.

Signature of client \_\_\_\_\_ Dated \_\_\_\_\_

### **ATTENTION RECIPIENT:**

#### **Notice Prohibiting Redisclosure**

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.